

**QI Workgroup Meeting**  
**March 21, 2008**  
**10a.m.-12n**  
**BREMSS**

In attendance: Dr. John Campbell, Choona Lang, Verla Thomas, Robin Moore  
Alex Franklin, Joe Acker, Crystal Fountain  
Not in attendance: Beth Anderson, Dr. William Crawford, Spencer Howard, Mike Daughtry

**A. Welcome**

Choona Lang opened meeting with a welcome.

**B. Recap from Last Meeting**

Choona recapped minutes from February meeting:

1. Under triage data elements
2. Reviewed e-PCR from Mike
3. Reviewed draft flow chart from Alex/Spencer

**C. Trauma QI Report/Discussion**

Points not included in Mike's Report (e-PCR):

1. No times listed
2. Descriptors not good
3. Data fields for TCC #ID
4. No place for EMT to put TCC#

Fields that need to be added:

1. Other EMS agencies at scene
2. Other services at scene
3. Est. date/time initial responder Arr. Scene
4. Date/Time initial responder Arr. on scene
5. Incident State
6. Incident Zip code
7. Destination State
8. Destination County
9. Unit/vehicle number (lit)
10. Scene zone number (lit)
11. Destination/Transferred to (lit)

**NATS QI Issues and the Revised QI Flowchart**

Alex discussed some concerns that they are experiencing in North.

1. Ambulance driver getting the patient to the correct hospital.
2. Lack of good communication between the air & ground units

Alex presented a revised draft of QI flow chart (Alabama Trauma System Quality Assurance and Improvement Program). The ATS Quality Improvement (QI) process is

designed to continuously monitor, evaluate and improve the Alabama Trauma System to ensure that established benchmarks are achieved.

In the flow chart was listed:

1. Organizational Issues
  - a. documentation
  - b. reporting issues
  - c. ATS participation
  - d. ATS procedures
2. System Issues—Communications
  - a. Contacting Trauma Communications Centers (TCC)
  - b. Computer Network
  - c. EMS Radio Reports
  - d. Notification Reports
  - e. Feedback Reports
3. System Issues—Entry Criteria Issues
  1. Patient entered into ATS (appropriate)
  2. Patient not entered into ATS (appropriate)
  3. Over Triage-patient entered into ATS (inappropriate)
  4. Under triage—patient not entered into ATS ( inappropriate)
4. System Issues---Transport (Routing)
  - a. Patient delivered to wrong hospital
5. System Issues---Hospital Status
  - a. Incorrect available (green) status
  - b. Incorrect unavailable (red) status

Verla gave brief overview of other states QI and meeting with Dr. Higginbatham about new software for the Trauma Registry.

#### D. QI Projected Timeline

1. Draft Flow Chart
2. Draft Under-triage reports
3. Compare NEMSIS QI data to BREMSS
4. Review other state's data
5. Review recommended QI reports for adoption statewide

#### E. Assignments for next meeting:

- Mike- QI report from Lifetrac list of reports
- Verla- Any additional out of state information
- Robin- Email zip file to Spencer/Alex
- Define for hospital the definition of a trauma system
- Is there an EMS delivery verses non EMS delivery data point?
- Review ePCR data elements definition in more detail
- Discuss format of QI reports received from hospitals

#### F. Next meeting schedule April 25, 2008 at BREMSS.

Meeting Adjourned